

PROVIDER BULLETIN

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APPLIED BEHAVIOR ANALYSIS (ABA) SERVICES FOR CHILDREN WITH AUTISM SPECTRUM DISORDER

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Effective October 19, 2015, the MO HealthNet Division (MHD) will begin enrolling providers for Applied Behavior Analysis (ABA) services and will begin precertification of medically necessary ABA services for MHD covered participants under age 21 who have Autism Spectrum Disorder.

ABA PROVIDER ELIGIBILITY

Who is Qualified to Provide ABA Services?

- Licensed Psychologists with education and experience in ABA
- Licensed Behavior Analysts
- Licensed Assistant Behavior Analysts
- Registered Behavior TechniciansTM

To enroll with the MHD as a Behavior Analyst or Assistant Behavior Analyst, providers must complete the Provider Enrollment Application on-line via the Web site at <http://mmac.mo.gov/providers/provider-enrollment/>. Provisionally licensed providers are not eligible to enroll. Enrollment inquiries may be directed to the Provider Enrollment Unit via email at MMAC.ProviderEnrollment@dss.mo.gov. If you currently provide ABA services

through a Department of Mental Health waiver, please note that you also are required to enroll through the Provider Enrollment Unit to provide these services through fee-for-service.

MHD will reimburse psychologists for ABA services only if they have been approved for the ABA specialty. MHD enrolled Psychologists who have ABA in their scope of education, training, and competence may submit documentation of their credentials for consideration. This documentation may be submitted as a provider update via fax to the Provider Enrollment Unit at 573-634-3105. Include the provider's National Provider Identifier (NPI), the name of a contact person, an email address, and a phone number with the required documentation. If not already enrolled, psychologists may submit supporting documentation and request approval for the ABA specialty at the time of enrollment. Psychologists will be notified by email whether they have been approved for the ABA specialty.

Technicians who provide direct implementation of ABA services under the supervision of a licensed provider must be credentialed by the Behavior Analyst Certification Board as a Registered Behavior TechnicianTM (RBT). The supervisory relationship must be documented in writing, and the licensed supervisor is responsible for the work performed by the RBT. Services provided by an RBT must be billed by the licensed supervisor using the codes and modifiers specified under Procedure Codes, Limits, and Rates shown below. RBTs are not allowed to enroll as MHD providers.

PARTICIPANT ELIGIBILITY

In order to be eligible for ABA services, participants must be under 21 and have a diagnostic evaluation performed by a licensed physician or licensed psychologist, resulting in a diagnosis of Autism Spectrum Disorder (ASD), and recommending ABA services as medically necessary. The diagnostic evaluation should be performed in accordance with *Autism Spectrum Disorders: Missouri Best Practice Guidelines for Screening, Diagnosis, and Assessment*, published by the Missouri Autism Guidelines Initiative. These guidelines can be found at: <http://autismguidelines.dmh.mo.gov/pdf/Guidelines.pdf>.

PRECERTIFICATION OF ABA SERVICES

All ABA services require precertification. When requesting precertification of ABA services, fax the completed *Request For Applied Behavior Analysis (ABA) Precertification* form and required documentation to the Behavioral Health Help Desk at (573) 635-6516. This form is available at <http://manuals.momed.com/manuals/presentation/forms.jsp>. The following table lists the additional documentation required according to the service for which precertification is being requested.

PRECERTIFICATION BEING REQUESTED:	REQUIRED DOCUMENTATION:
ABA Assessment for Intervention Planning	Diagnostic Evaluation
ABA Intervention (initial)	Assessment for Intervention Planning, Intervention Plan
ABA Intervention (continued)	Current Intervention Plan, Progress Data/Graphs

ABA Intervention may be precertified for a period of up to six months from the start date. If continued services are needed beyond the six month period, additional precertification is

required. Providers will receive a faxed response indicating the number of hours allowed, as well as precertification start and end dates.

PROCEDURE CODES, LIMITS, AND RATES

Please note that maximum quantity listed in the below tables refers to the limit per day. The number of hours precertified for the six month period will vary depending on the needs of the individual participant as documented by the request for precertification and additional documentation submitted by the provider.

PROCEDURE CODES FOR BEHAVIOR ANALYSTS AND ABA QUALIFIED PSYCHOLOGISTS

The following table includes procedure codes and modifiers billable by Behavior Analysts and ABA Qualified Psychologists when provided directly by the licensed provider. The U8 modifier should be used for services billed with a Place of Service 12 (home) or 99 (other). Psychologists should not use the AH modifier with these codes.

Proc Code	Mod 1	Mod 2	Max Qty	Brief Description	Max Allowable Amount
0359T	HO		2	Behavior identification assessment	\$93.32
0360T	HO		1	Observational behavioral follow-up assessment, first 30 minutes	\$11.00
0361T	HO		15	Observational behavioral follow-up assessment, each additional 30 minutes	\$11.00
0362T	HO		1	Exposure behavioral follow-up assessment, first 30 minutes	\$40.00
0362T	U8	HO	1	Exposure behavioral follow-up assessment, first 30 minutes (in home)	\$46.66
0363T	HO		15	Exposure behavioral follow-up assessment, each additional 30 minutes	\$40.00
0363T	U8	HO	15	Exposure behavioral follow-up assessment, each additional 30 minutes (in home)	\$46.66
0364T	HO		1	Behavior treatment by protocol administered by technician, first 30 minutes	\$11.00
0365T	HO		15	Behavior treatment by protocol administered by technician, each additional 30 minutes	\$11.00
0368T	HO		1	Behavior treatment with protocol modification administered by physician or other qualified healthcare professional, first 30 minutes	\$40.00
0368T	U8	HO	1	Behavior treatment with protocol modification administered by physician or other qualified healthcare professional, first 30 minutes (in home)	\$46.66
0369T	HO		15	Behavior treatment with protocol modification administered by physician or other qualified healthcare professional, each additional 30 minutes	\$40.00

0369T	U8	HO	15	Behavior treatment with protocol modification administered by physician or other qualified healthcare professional, each additional 30 minutes (in home)	\$46.66
0370T	HO		1	Family behavior treatment guidance	\$72.00
0372T	HO		1	Behavior treatment social skills group administered by physician or other qualified healthcare professional	\$11.00
0373T	HO		1	Behavior treatment with protocol modification, first 60 minutes	\$40.00
0373T	U8	HO	1	Behavior treatment with protocol modification, first 60 minutes (in home)	\$46.66
0374T	HO		15	Behavior treatment with protocol modification, each additional 30 minutes	\$40.00
0374T	U8	HO	15	Behavior treatment with protocol modification, each additional 30 minutes (in home)	\$46.66

PROCEDURE CODES FOR ASSISTANT BEHAVIOR ANALYSTS

The following table includes procedure codes and modifiers billable by Assistant Behavior Analysts for services they provide directly. The U8 modifier should be used for services billed with a Place of Service 12 (home) or 99 (other).

Proc Code	Mod 1	Mod 2	Max Qty	Brief Description	Max Allowable Amount
0360T	HN		1	Observational behavioral follow-up assessment, first 30 minutes	\$11.00
0361T	HN		15	Observational behavioral follow-up assessment, each additional 30 minutes	\$11.00
0364T	HN		1	Behavior treatment by protocol administered by technician, first 30 minutes	\$11.00
0365T	HN		15	Behavior treatment by protocol administered by technician, each additional 30 minutes	\$11.00
0368T	HN		1	Behavior treatment with protocol modification administered by physician or other qualified healthcare professional, first 30 minutes	\$23.00
0368T	U8	HN	1	Behavior treatment with protocol modification administered by physician or other qualified healthcare professional, first 30 minutes (in home)	\$27.00
0369T	HN		15	Behavior treatment with protocol modification administered by physician or other qualified healthcare professional, each additional 30 minutes	\$23.00

0369T	U8	HN	15	Behavior treatment with protocol modification administered by physician or other qualified healthcare professional, each additional 30 minutes (In home)	\$27.00
0370T	HN		1	Family behavior treatment guidance	\$41.40
0372T	HN		1	Behavior treatment social skills group administered by physician or other qualified healthcare professional	\$9.00

PROCEDURE CODES USED BY BEHAVIOR ANALYSTS, ASSISTANT BEHAVIOR ANALYSTS, AND ABA QUALIFIED PSYCHOLOGISTS FOR REGISTERED BEHAVIOR TECHNICIAN SERVICES

The following table includes the only codes billable by Behavior Analysts, Assistant Behavior Analysts, and ABA Qualified Psychologists for services provided by Registered Behavior Technicians™. The HM modifier must be used to indicate service was provided by RBT. In addition, the licensed supervisor must use the appropriate modifier for his or her specialty (e.g., HO for Behavior Analyst or Psychologist; HN for Assistant Behavior Analyst). Psychologists should not use the AH modifier with these codes.

Proc Code	Mod 1	Mod 2	Max Qty	Brief Description	Max Allowable Amount
0360T	HM	HO or HN	1	Observational behavioral follow-up assessment, first 30 minutes	\$11.00
0361T	HM	HO or HN	15	Observational behavioral follow-up assessment, each additional 30 minutes	\$11.00
0364T	HM	HO or HN	1	Behavior treatment by protocol administered by technician, first 30 minutes	\$11.00
0365T	HM	HO or HN	15	Behavior treatment by protocol administered by technician, each additional 30 minutes	\$11.00

DOCUMENTATION REQUIREMENTS

All services provided *must* be adequately documented in the medical record. The obligation to document services and to release records to representatives of the Department of Social Services or the U.S. Department of Health and Human Services is required by the following documents:

- Missouri regulation (13 CSR 70-3.030).
- The Title XIX Provider Participation Agreement, which is signed by all providers upon enrollment as a MO HealthNet provider.

The Code of State Regulations, 13 CSR 70-3.030, Section (2)(A) defines “adequate

documentation” and “adequate medical records” as follows:

- Adequate documentation means documentation from which services rendered and the amount of reimbursement received by a provider can be readily discerned and verified with reasonable certainty.
- Adequate medical records are records which are of the type and in a form from which symptoms, conditions, diagnosis, treatments, prognosis and the identity of the patient to which these things relate can be readily discerned and verified with reasonable certainty. All documentation *must* be made available at the same site at which the service was rendered.

MO HEALTHNET MANAGED CARE ENROLLEES

Participants enrolled in an MHD managed care health plan will receive ABA services on a fee-for-service basis, carved-out of the MHD managed care benefit package.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient’s MO HealthNet Managed Care health plan. Before delivering a service, please check the patient’s eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline
573-751-2896**